

NEW Directions

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Summer of 2007 a success as cross-functional team partners keep emergency rooms open

In the past, there were some summers that would bring emergency room closures in Ontario because of insufficient number of physicians to staff the department and higher patient volumes in some parts of the province. The summer of 2007 was notable because no emergency rooms closed their doors at any time.

Dr. Joshua Tepper, assistant deputy minister, Health Human Resources Strategy (HHR), coordinated an extraordinary initiative to keep every hospital emergency room in the province open all summer long.

Tepper said that he was just the point man. What he found groundbreaking about the process was that he led an initiative in which none of his division staff members were involved.

"This year we put together a team that utilized the expertise of our partners within the health system and ministry staff from other divisions. In the past, I would not have had the opportunity to lead a project that did not involve my own people," Tepper said.

The strategy, which kept hospital emergency rooms open, was not only a great example of the process of a cross-functional team at work within the ministry, it was also an opportunity to demonstrate the ministry's role as steward, partnering and interacting with stakeholders in the field to find a system's solution to a health care issue, Tepper said.

"In prior years this issue did not fall within any one portfolio and the necessary linkages didn't exist within the health system to address it. Now, there is an interdisciplinary approach to deal with emergency room closures," explained Tepper.

Last summer he was asked by the minister to co-ordinate efforts to keep emergency rooms open. "Stewardship is about recognizing expertise and allowing people to do what they do best," Tepper said. "My job as a steward was to co-ordinate the internal expertise and connect it with expertise that existed in the health system."

Tepper engaged the province's 14 Local Health Integration Networks (LHINs) to take a leadership role in networking with hospitals in their areas to stay on top of emergency room staffing needs of their local hospitals.

He led a weekly teleconference with representatives from the 14 LHINs to look ahead and anticipate areas of possible staffing shortages. In some cases, a strategy was devised to pool the resources between two or three hospitals within a LHIN to cover possible gaps in service.



The summer of 2007 was notable because no emergency rooms closed their doors at any time due to an insufficient number of physicians to staff the department.

The ministry teamed up with the Ontario Medical Association and developed some new summer-only arrangements. "HealthForceOntario also prepared a reference guide that was distributed to every hospital in the province, not by us, but by the Ontario Hospital Association, Ontario College of Family Physicians and the Ontario Medical Association," Tepper said. The HealthForceOntario Marketing and Recruitment Agency took on the task of organizing a program to deploy physicians into emergency rooms that had staffing needs.

Throughout the process, Tepper drew on the expertise from a number of divisions and branches within the ministry to support the work being carried out by stakeholders in the system. Efforts of staff in the LHIN Liaison Branch and the former Alternate Payment Programs Branch, both of Health System Accountability and Performance (HSAP), were absolutely crucial to the smooth operation of the emergency room staffing initiative.

"I got the privilege of working closely with the other divisions. The performance of ministry staff was outstanding," Tepper said. "Everyday they showed the system what stewardship is all about." For example, staff in the former Alternate Payment Programs Branch transferred a tremendous amount of knowledge to the system to ensure the LHINs had what they needed to carry out their role in the initiative.

Tepper said he would send weekly e-mails to the assistant deputy minister whose staff was working for him on the project. But essentially his ADM colleagues generously gave of their staff to an initiative that they were not leading.

"This wasn't about ownership in his division or my division," said Hugh MacLeod, assistant deputy minister, HSAP.

"In the old model you would have said this is my staff, this is my shop. But this was about stewardship. It was about everyone pulling together to get the job done."

MacLeod said he was pleased that Tepper acknowledged the contribution of all the staff he worked with from other divisions at a Ministry Management Committee meeting.

"I went back to my staff and told them how their contribution was recognized. It made them feel great to be appreciated and they recognized the value of working on a cross-functional team and look forward to their next opportunity."

Tepper said he thinks a lot of trust was built between colleagues and partners during the emergency room staffing initiative. "People recognized the sincerity of everyone involved to get the job done. It was a tremendous trust building exercise, both internally and externally," he said.

In the end, not one emergency room closed all summer long. "The success was driven less by the ministry and more by the partnerships within the health system."

In future, Tepper said he sees the LHINs fully taking on the leadership role and working with stakeholders in the field to make it happen. "The ministry will be there to facilitate negotiations with physicians and provide guidance where necessary, but it will be the system working to find solutions to system problems," he said. ■

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